offers a simple and consistent alternative to bandaging/stocking to assess healing rates and compliance.
Method: Serial patients attending the vascular out-patients with non-healing venous ulcers despite the standard treatment were prospectively recruited to have the JuxtaCURES^{TM}.Site, size, and chronicity of wound were documented on index visit and follow-up visits until discharge/ near healing. Questionnaire was sent to assess compliance.
Result: JuxtaCURES^{TM} was offered to patients with clinical diagnosis of venous leg ulcer,n=20(21legs). The duration of the ulcers prior to treatment was {24months(18-69),median(IQR)} . The wound size improved from {45cm^2(4-209)} to {24cm^2(0-94),p<0.05; 7 patients had complete healing. All patients' self-reported high compliance compared to their previous therapy.
Conclusion: This pilot study suggested high compliance and enhanced wound healing. While this is a small group pragmatic prospective study, with a learning curve for the users/prescribers it suggested that JuxtaCURES^{TM} could be offered to wider group of patients, with better compliance. Self-application minimises the human/material cost and time compared with other forms of compression.

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0559: ELECTIVE VERSUS EMERGENCY INFRA-INGUINAL BYPASSES PERFORMED AT A HIGH VOLUME VASCULAR CENTRE: PATENCY RATES DO NOT VARY BEYOND 30 DAYS

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Aim: The aim of this study is to analyse 6-month patency rates of elective versus emergency infra-inguinal bypasses (IIB) in a high volume centre.
Method: Patients undergoing IIB between May 2013 and June 2014 were analysed. Demographics, co-morbidities and procedure details were recorded. Primary end-points were 30 day and 6-month graft failure. Secondary endpoints included complications, re-do surgery, and 30-day mortality.
Result: 51 elective and 37 emergency IIBs were compared. There was no significant difference in demographics, co-morbidity or length of stay. Type of bypass was performed equally (P=0.93). Vein and prosthetic grafts were used at similar rates (P=0.36). There was no significant difference between 30-day complication rates. 30-day graft failure occurred in 7 non-elective (14%) and 2 elective patients (5%) (p=0.032). 9 elective and 5 emergency patients were excluded from the 6-month patency analysis due to lack of data. Of the 74 patients analysed, 35/42 elective (83%) and 21/32 emergency (66%) IIBs had patent grafts at 6 months (p=0.10). 71% of elective and 72% of emergency grafts patent at 30 days were patent at 6 months.
Conclusion: Emergency IIB is associated with greater risk of short-term graft failure but 6 months patency rates appear to be similar.

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0567: DO VASCULAR PATIENTS WANT ACCESS TO OUTPATIENT SERVICES OUTSIDE OF STANDARD WORKING HOURS (MONDAY-FRIDAY 0900–1700)? A PROSPECTIVE, CROSS-SECTIONAL SURVEY OF VASCULAR OUTPATIENTS AT NORFOLK AND NORWICH UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

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Aim: To assess patient opinions regarding extended access to outpatient clinic(OPC) outside of standard working hours(09: 00-17: 00 Monday-Friday)(OOH).
Method: Patient demographics and diagnoses were recorded and Likert scales were used to measure opinions of an OOHOPC service. Analysis using Minitab15(State Coll,PA).
Result: 113Patients attended vascular OPC(54.9**%** male, median age 72[54-78]years)**.** 28.3% were employed and took time off work to attend clinic. Overall, 96.3% were satisfied with the existing(0900-1700 Monday to Friday) service. Only 21.1% felt OOHOPC access was important but 60.9% were likely to access this, given the option. Varicose vein patients were younger than patients with all other vascular diagnoses(49[41-54]vs.74 [66-81]years; p<0.0001) and more likely to work (78.9% vs. 11.7%; p<0.0001). Younger patients felt access to OOHOPC was more important than older patients(54[44-70]vs.71[59-79]years; p=0.01)and were more likely to access OOHOPC than older patients (67[50-77]vs.77[66-81]years; p=0.0293). Given the choice of OOHOPC access on a Monday-Thursday(1700-2000), Friday(1700-2000) or Saturday-Sunday(0900-1700), the majority chose the former(66.1%,5.3%,28.6% respectively; p<0.0001). 43.2%Patients would book their appointment online given then option, with younger patients more likely to do this than older (56[46-72] vs.77[72-81]years; p<0.0001).
Conclusion: This study demonstrates younger patients in employment would access an OOHOPC given the option and most would prefer to attend on a Monday-Thursday evening.

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0592: COMPARISON OF FUNCTIONAL OUTCOMES POST 10 WEEK HOME EXERCISE PROGRAMME AND A 10 WEEK SUPERVISED EXERCISE PROGRAMME IN INTERMITTENT CLAUDICATION PATIENTS

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Aim: To investigate the difference in functional outcomes of Intermittent Claudication (IC) subjects who undertook a supervised or unsupervised home exercise programme.
Method: The study used a non-randomised test-retest. 21 subjects were recruited from IC patients referred by vascular consultants for exercise intervention. Identical cardiovascular circuit exercise regimens were given to both groups. Outcome measures assessed were the claudication onset (COD) and maximal walking distance (MWD) during a six minute walk test (6MWT) and visual analogue scores (VAS) for pain and for confidence to exercise.
Result: There was no significant difference between groups in the outcomes for COD (p=0.713), VAS for pain (p=0.826) or VAS for confidence to exercise (p=0.971). However the MWD demonstrated a significant difference in outcome between the groups (p=0.044). The mean improvement for the SEP group was 16 metres where the mean change in value was -6.82 metres in the HEP group (p=0.044).
Conclusion: Supervised exercise improved maximal walking distance compared to unsupervised home exercise. However, there was no statistical difference between the groups outcomes post intervention for COD, VAS for pain and VAS for confidence to exercise. Supervised exercise appears preferable to non-supervised exercise in improving the functional walking ability of IC sufferers

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0623: SARTORIUS MUSCLE FLAP AS RESCUE MANAGEMENT IN INFECTED, DEHISCED, VASCULAR PROSTHETIC GRAFT WOUNDS. A CASE SERIES

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Objective: Infection and subsequent dehiscence of groin wounds around prosthetic grafts remain a significant management challenge. We present a case series of three patients who were treated using sartorius muscle flaps.
Case Series: A 70-year-old male was discharged following femoropopliteal bypass but re-presented with cellulitis nine days later which preceded wound dehiscence and graft blow-out. This required emergency groin exploration and vein patch angioplasty with a sartorius muscle flap for graft coverage. He was discharged eighteen days later and finished a six-week course of antibiotics with a well healed wound.